

## ASSESSMENT OF ASSETS

Case No. \_\_\_\_\_

In all the questions on this form the words “you” and “your” refer to the person in the nursing home or other medical institution or to a person who is applying for or getting medical help under a waiver.

1. Fill in the boxes below with information about you and your spouse.  
PUT YOUR NAME FIRST.

Name, Birth Date, Age, Sex					<b>Race</b> Optional White, Black, Hispanic, Asian Pacific Islander, South East Asian, Other	<b>U.S. Citizen</b> Yes or No	<b>Marital Status</b> Legally separated, Separated less than 1 year, Separated more than 1 year, Married, Common law
Name			Social Security #				
Birth Date	Age	Sex	Medicare #				
			PACMIS ID				
Name			Social Security #				
Birth Date	Age	Sex	Medicare #				
			PACMIS ID				

2. Residence Address: This is the address where you live.

Street or RFD and Box No.	Apt. or Space #	Extra Line		
City	State	ZIP	Phone Number	

3. Mailing Address: This is the address where your spouse lives.

Street or RFD and Box No.	Apt. or Space #	Extra Line		
City	State	ZIP	Phone Number	

- G** Do you want someone else to receive copies of your notices? **G** Yes **G** No

IF YES, PLEASE WRITE THAT PERSON'S NAME, ADDRESS AND PHONE NUMBER				
Last Name	First Name	Initial	Phone Number	
Street	City	State	ZIP	

5. Are you court-ordered to give money to your spouse? **G** Yes **G** No

IF YES, HOW MUCH SUPPORT MUST YOU PAY?

6. Do you or your spouse have any of the items listed below? ☐ Yes ☐ No  
 Are the names of you or your spouse on accounts or property belonging to someone else? ☐ Yes ☐ No  
☐ Savings Account ☐ Personal Checking Account ☐ Property/Funds in a Trust ☐ Annuity  
☐ Credit Union Account ☐ Money Market Certificates ☐ Cash  
☐ Time Certificates ☐ Stocks/Bonds ☐ Other \_\_\_\_\_  
☐ IRA/KEOGH/401K ☐ Interest in a Partnership, Business or Corporation

IF YOU ANSWERED "YES" TO EITHER OF THESE QUESTIONS, PUT A CHECK MARK IN THE BOX IN FRONT OF THE KIND OF PROPERTY OR ACCOUNT. THEN FILL IN THE BOXES BELOW.

Name of Financial Institution	Account Number	Joint?	Type of Account	Owner/Joint Owners	Amount

7. Do you or your spouse own any of the types of vehicles listed below? ☐ Yes ☐ No  
☐ Car ☐ Snowmobile ☐ Other Vehicle (dune buggy, ATV, etc.) \_\_\_\_\_  
☐ Truck/Van ☐ Motor Home  
☐ Motor Cycle ☐ Boats/Motors

IF YOU ANSWERED "YES", PUT A CHECK MARK IN THE BOX IN FRONT OF VEHICLE, THEN FILL IN THE BOXES BELOW.

Type of Vehicle	Make	Model	Year	Licensed? Yes/No	Current Market Value	Amount Owed

8. Do you or your spouse own or are either of you buying any of the types of property listed below? ☐ Yes ☐ No  
 INCLUDE PROPERTY CO-OWNED WITH SOMEONE NOT LIVING WITH YOU.

☐ Home you live in (Exempt) ☐ Camper ☐ Funeral Plan/Burial Contract  
☐ Land/Mineral Rights ☐ Trailer ☐ Live Stock/Horses  
☐ Other Homes ☐ Notes on Contract ☐ Tools Equipment/Inventory  
☐ Life Estates/Life Leases ☐ Life Insurance ☐ Satellite Dish  
☐ Time Share Condos ☐ Burial Plans/Cemetery plots ☐ Other \_\_\_\_\_

IF YOU ANSWERED YES, PUT A CHECK MARK IN THE BOX IN FRONT OF THE KIND OF PROPERTY, THEN FILL IN THE BOXES BELOW.

Type of Property	Owner/Joint Owners	Joint Yes/No	Face Market Value	Equity Cash Value

9. Do you or your spouse have any personal household item(s) which could each be sold for \$500 or more? ☐ Yes ☐ No

IF YES, PLEASE LIST THE ITEMS IN THE BOX BELOW

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Nursing Home Patient